

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 5178

REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 3177 Registrar's No. 19

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Webb City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Joplin	
d. FULL NAME OF HOSPITAL OR INSTITUTION Jane Chinn		d. STREET ADDRESS (If rural, give location) 908 W. 6th St.	
3. NAME OF DECEASED (Type or Print) a. (First) Louella		b. (Middle) Gertrude	
c. (Last) Bennett		4. DATE OF DEATH (Month) (Day) (Year) Feb 5, 1950	
5. SEX Female		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH July 11, 1881	
9. AGE (In years last birthday) 68		10. IF UNDER 1 YEAR Days 4	
11. BIRTHPLACE (State or foreign country) Ash Grove, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME James B. Joplin		13b. MOTHER'S MAIDEN NAME Viola Harris	
14. NAME OF HUSBAND OR WIFE E. M. Bennett		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	
16. SOCIAL SECURITY NO. ---		17. INFORMANT'S SIGNATURE OR NAME ADDRESS E. M. Bennett, 908 W. 6th Joplin Mo	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Infarction</u> ANTECEDENT CAUSES MORBID CONDITIONS, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) <u>Arterio Sclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or conditions causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify)	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from Feb. 5, 1950, to Feb 5, 1950, that I last saw the deceased alive on Feb 5, 1950, and that death occurred at 9:30 p. m., from the causes and on the date stated above.	
23a. SIGNATURE <u>D. L. Harrison</u> (Degree or title)		23b. ADDRESS <u>Joplin Missouri</u>	
23c. DATE SIGNED <u>2-7-50</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE <u>2-8-1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Forest Park</u>	
24d. LOCATION (City, town, or county) <u>Joplin, Mo.</u> (State)		DATE REC'D BY LOCAL REG. <u>2-8-50</u> REGISTRAR'S SIGNATURE <u>D. L. Harrison</u> FUNERAL DIRECTOR'S SIGNATURE <u>Parker-Hunsaker Mortuary</u> ADDRESS <u>Joplin Mo</u>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 2-75-50  
Jasper County Health Office

County File Number 50-1-74

At File 2-23-50

FEB 28 1950

MAR 2 1950

FEB 27 1950

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Student Embalmer

Signed

*F. M. Jones*

Licensed Embalmer No. 2319

P. O. Address *Joplin mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.